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## REISSUE PATENT APPLICATION TRANSMITTAL

Address	to:	Attorney Docket No.	10622.6802					
Ass	sistant Commissioner for Patents	First Named Inventor	ALTMAN					
1	Reissue	Onginal Patent Number	6,012,171					
Was	shington, DC 20231	Onginal Patent Issue Date (Month/Day/Year)	January 11,2000					
		Express Mail Label No.	EL 933986957 US					
	N FOR REISSUE OF:  Oplicable box)  X Utility Pater	nt Design Patent	Plant Patent					
APPLICA	ATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APP	LICATION PARTS					
1. X Fee Tra	ansmittal Form (PTO! SB! 56) Longinal, and a duplicate for fee processing)	10. X Statement of status	and support for all changes					
	nt claims small entity status. See 37 CFR 1 27.	to the claims. See 3	37 CFR 1.173 (c).					
3. X Specification	ation and Claims in double column copy of patent amended, if appropriate)	Ribboned Origina						
	(s) (proposed amendments, if appropriate)	X Statement of Loss	s (PTO/S8/55)					
5. X Reissue (37 C.F.F	Oath/Declaration (original or copy) R. § 1.175) (PTOISBI51 or 52)	12. Foreign Prionty Clair (if applicable)	m (35 U.S.C. 119)					
- (	Attomey	13. Information Disclosu Statement (IDS)/PTC						
	atent currently assigned? Yes No	English Translation	of Reissue Oath/Declaration					
(If Yes, check applicable box(es))								
	Consent of all Assignees (PTOISBI53)	15. X Preliminary Amendm	ient					
37 C.F.R. § 3.73(b) Statement (PTO/S8/96)  16. X Return Receipt Postcard (MPEP 503)								
B. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table (Should be specifically itemized) 17. Other:								
<ol> <li>Nucleotide and/c (if applicable, all</li> </ol>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)							
a. Computer Readable Form (CFR)								
b. Specification Sequence Listing on:  U CD-ROM (2 copies) or CD-R (2 copies); or  ii D paper  c. Statements verifying identity of above copies								
	18. CORRESPONDENCE AD	DRESS						
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)								
Name	DANIEL S. POLLEY, ESQ.	- \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Address	MALTIN WATER & DIVINORS							
	1936 SOUTH ANDREWS AVENUE Zip Code 33316							
City	FORT LAUDERDALE State	727						
Country	US Telephone	(954) 763–3303	954) 522–6507					
NAME (Prott)	DANTEL C BOLLEY		902					
Signature	Del S Poly	349	,902 nuag 3, 200 2					
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FI REISSUE

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION FEE TRANSMITTAL FORM  Claims as Filed - Part 1  Claims in Patent  Number Filed in Reissue Application (A) 10 (37 CFR 1.16()) (37 CFR 1.16()) (10) 3 (37 CFR 1.16())	Claims in Patent   Number Filed in Part   State   Fee   Rate   Fee	Under the Pa	perwork Reduction Act of	1995, по р	ersons are requi	red to r	espond to a	collection of info	rmation un	less it	displays a valid	OMB control i	number
Number Filed in Reissue Application	Claims in Patent    Number Filed in Patent   Number Extra   Rate   Fee	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of informa  REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional)			HT0				
Number Filed in Reissue Application	Claims in Patent    Number Filed in Patent   Number Extra   Rate   Fee			7,7,0	Cla	ims as	Filed - Par	t 1					— <u>E</u>
Patent	Raissue Application   Number Extra   Rate   Fee   Rate   Fee   Rate   Fee   Rate   Fee   Rate   Ra			Numb	0 11.5			ntity		Other than a	Small Entity	V.	
A	(A) 10   Total Claims (37 CFR 1.16(i))   (B) 20	Patent				Nur	• •	Rate	Fee		Rate	Fee	=
Basic Fee (37 CFR 1.16(h)) \$37.0   S	Basic Fee (37 CFR 1.16(h))   \$370_   Total Filing Fee   \$454   OR   \$	/A\ 10	Total Claims	(0)	20	***	* ^				7,12,0		g
Basic Fee (37 CFR 1.16(h)) \$3.70.  Total Filling Fee \$4.54 OR \$  Claims as Amended - Part 2  (1) (2) (3) Small Entity Other than a Small Entity Previously Paid For Previously Present    Total Claims (37 CFR 1.16(h))    Total Claims Remaining After Amendment    Total Claims Remaining After Amendment    Total Claims Remaining After Amendment    Total Claims    (37 CFR 1.16(h))    MINUS    Total Claims    (37 CFR 1.16(h))    Total Claims    Total Claims    Total Claims    Total Claims    Total Claims    Total Claims    Total Additional Fee    Total Additi	Basic Fee (37 CFR 1.16(h)) \$37.0  Total Filing Fee \$45.4  Claims as Amended - Part 2  (1) (2) Highest Number of Total Claims Previously Paid For Present Prior in column 3.  **If the entry in (D) is less than the entry in (C), Write "0" in column 3.  **If the entry in (D) is less than the entry in (C), Write "0" in column 3.  **If the special file great than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ****  **If a greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ****  ***  ***  ***  ***  ***  ***		(37 CFR 1.16(j))					J i	U	or	x \$=		050
Basic Fee (37 CFR 1.16(h)) \$370_ Total Filling Fee \$454 OR \$  Claims as Amended - Part 2  (1) (2) (3) Small Entity Other than a Small Entity Previously Paid For Previously Paid For Present    Total Claims Remaining After Amendment   Highest Number Previously Paid For Present    Total Claims   Rate   Fee   Rate   Fee   Rate   Fee    Total Claims   Rate   Fee   Rate   Fee   Rate   Fee    Total Claims (37 CFR 1.16(f))   MINUS   The previously Paid For   Total Additional Fee   Total Fee	Basic Fee (37 CFR 1.16(h)) \$370.  Total Filling Fee \$454  OR \$  S	(C) I	·	(D)	3	*	2 =	×\$ 42 =	84	0,			-
Claims as Amended - Part 2  Claims Remaining After Amendment  Claims Remaining After Amendment  Claims Remaining After Amendment  Total Claims  (37 CFR 1.16(j)  Independent Claims (37 CFR 1.16(j)  Independent Previously Paid For Present  Total Additional Fee \$ NR Ate Fee Rate Fee R	Total Filing Fee \$454 OR \$  Claims as Amended - Part 2  (1) (2) Highest Number Previously Paid For Present   Fee Rate Fe		(37 CFR 1 16(i))								×\$=		
Total Filing Fee \$454 OR \$  Claims as Amended - Part 2  Claims Remaining After Amendment Previously Paid For Previously Paid For Stale Claims Previously Present	Claims as Amended - Part 2		Basic Fee (37 CFR 1.16(h)) \$270 \$										
Claims as Amended - Part 2  (1) Claims Remaining After Amendment  (2) Highest Number Previously Paid For Previously Present  Total Claims (37 CFR 1.16(j) Independent Claims (37 CFR 1.16(j)) Independent (Claims (37 CFR 1.16(j)) Indepe	Claims as Amended - Part 2  (1) Claims Remaining After Amendment  (2) Highest Number Previously Previously Present Claims Rate Pee Rate Fee Rate Fe					7	etal Ciliaa C						
(1) Claims Remaining After Amendment Previously Paid For Present Claims Present Previously Paid For Previously	(1) Claims Remaining After Amendment Previously Previously Previously Present Rate Fee Rate F		<del></del>					_	\$454		OR	\$	
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Total Claims (37 CFR 1.16(j)	After Amendment Previously Paid For Present Rate Fee Rate Fee Total Claims (37 CFR 1.16(i) MINUS " = x\$_=		1		· ·	mhor	1	Small E	ntity		Other than	a Small Entit	y
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Total Additional Fee   Total Claims (C), Write "0" in column 3.  **If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  **** After any cancellation of claims.  ***** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).    X Applicant claims small entity status. See 37 CFR 1.27.    Please charge Deposit Account No	Total Additional Fee \$ OR \$  * If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  ** After any cancellation of claims.  ** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  *** Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No		1	MINIUS	**		* =	_				_	
Total Additional Fee \$ OR \$  * If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims.  *** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  ****  Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No	Total Additional Fee   S			-				×\$=	<del> </del>	-	X \$	=	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims.  **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  X Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No	* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  *** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  **** After any cancellation of claims.  **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  ***** Applicant claims small entity status. See 37 CFR 1.27.    Please charge Deposit Account No	•	i i	MINUS	****		=	×\$=	İ	1	x \$=	<u>-</u>	
*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  **** After any cancellation of claims.  **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  **** Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No	*** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  **** After any cancellation of claims.  ***** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).  ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).    Applicant claims small entity status. See 37 CFR 1.27.    Please charge Deposit Account No												
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***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No	"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).    X   Applicant claims small entity status. See 37 CFR 1.27.    Please charge Deposit Account No												
Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No	Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account No	**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).											
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Payment by credit card. Form PTO-2038 is attached.	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   Aug. 3, 2002	_											
	be included on this form. Provide credit card information and authorization on PTO-2038.  [January 3, 2002]	Payment by credit card. Form PTO-2038 is attached.											
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WARNING: Information on this form may become public. Credit card information should not	be included on this form. Provide credit card information and authorization on PTO-2038.  January 3, 2002												
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	✓ Signature of Applicant, Attorney or Agent of Record												
Signature of Applicant, Attorney or Agent of Record		uate					•	Signature of	Applicant	, Atto	rney or Agent	t of Record	
	DANIEL S. POLLEY, REG. 34,902	•					E	ANIEL S.	POLI	EY.	REG. 34	4,902	

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Serial No.: TO BE ASSIGNED

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File Number: 10622.6802

CERTIFICATE OF EXPRESS MAIL

I HEREBY CERTIFY that the following correspondence: REISSUE PATENT

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PA:

I hereby declare that all statements made herein of my own knowledge are true and that all

statements made on information and belief are believed to be true; and further that these statements

were made with the knowledge that willful false statements and the like so made are punishable by

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Any additional charges, including extension of time, please bill our Account No. 13-1130.

Betty Bernal (Paralegal

Date: 01/03/02

MALIN, HALEY & DiMAGGIO, P.A. 1936 South Andrews Avenue Fort Lauderdale, Florida 33316 (954) 763-3303

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REISSUE PATENT APPLICATION	Docket Number (Optional)						
STATEMENT AS TO LOSS OF ORIGINAL PATENT	10622.6802						
I hereby state that:							
I hereby state that:							
I am the applicant for a reissue patent based on the original patent identified below.							
Name of Inventor(s)/Assignee(s)  JASON S. ALTMAN							
Patent Number <b>6,012,171</b>							
Title of Invention APPARATUS FOR PROTECTION DURING THE USE OF HAIR DYE	OR COLORING						
Reissue application number (if known)							
The ribboned original patent grant is lost or inaccessible.							
Signature							
Lowon Sta							
Typed or primed name  JASON S. ALTMAN  Date	2-21-01						
Title (e.g. inventor(s), officer of assignee)							
INVENTOR							
``,							

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